

# REQUEST FOR TRANSFER TO THE INACTIVE NATIONAL GUARD

DATE: \_\_\_\_\_

## Section I

### TO BE COMPLETED BY UNIT PERSONNEL:

FROM: \_\_\_\_\_

THRU: \_\_\_\_\_

**When completed, this form will be retained at the unit.  
Request for personnel action (DA 4187) will be E-mailed or FAXed  
through higher headquarters to OTAG. \*Copy to soldier.**

NAME (Last, First MI) \_\_\_\_\_

SSN \_\_\_\_\_

RANK \_\_\_\_\_

UPC (5 digit): \_\_\_\_\_ PRN (3 digit): \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Distribution Box # \_\_\_\_\_

EFFECTIVE DATE OF TRANSFER: \_\_\_\_\_ EXPECTED DATE OF RETURN: \_\_\_\_\_

Unit is responsible to have soldier clear OCIE prior to submission of request for transfer to ING. Unit will stop SGLV collection upon receipt of orders.

## Section II

### TO BE COMPLETED BY SOLDIER:

Home Mailing Address: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_

**I request transfer to the Inactive National Guard (ING) in the unit, for the reason, and with the understanding as indicated below:**

1. My reason for this request is (check one):

- |   |  |
|---|--|
| a. <input type="checkbox"/> Temporary change in residence   | e. <input type="checkbox"/> Temporary physical disability.   |
| b. <input type="checkbox"/> Temporary incompatibility with civilian employment.   | f. <input type="checkbox"/> Weight control program   |
| c. <input type="checkbox"/> Extending into the ING to remain affiliated.<br>DA Form 4836 attached. <input type="checkbox"/> | g. <input type="checkbox"/> Completion of six, four, three, or one years Selected<br>Reserve Obligation ( 6x2, 4x4, 3x5 or Try One Option) |
| d. <input type="checkbox"/> Temporary overseas residency/Out-Of-State residence/Missionary.                                 | h. <input type="checkbox"/> Other Reasons IAW NGR 614-1, _____<br>(indicate subparagraph)  |

I understand and agree to the following while a member of the ING:

- I will be available for mobilization with a unit of the ARNG in the event of an emergency, either State or National.
- I will be required to report for an "annual muster day" during each training year or fiscal year.
- I will be required to maintain a current periodic physical.
- I will immediately report any change of my current address and phone number (home and business) to my unit.
- I will immediately report to my unit commander or designated representative any change to my status, such as physical condition or family situation, that could affect my mobilization status.
- If I do not return to the Active ARNG upon reaching my ETS, I will be discharged unless I meet all requirements outlined in NGR 614-1 and extend my enlistment under the provisions of NGR 600-200. (Enlisted soldiers only).

3. If assigned to the Inactive ARNG, I understand that:

- Soldiers in the ING will not be eligible for STPA (promotion) consideration.
- Time spent in the ING is not creditable towards retirement.
- Time spent in the ING does not count for **Date of Rank (DOR)**. My date of rank will be adjusted when I transfer out of the ING.
- I am not covered by Servicemen's Group Life Insurance (SGLI/VGLI) while in the ING. Reference: Paragraph 2-14, NGR 614-1. (Debt incurred charges on Leave and Earnings Statements are not evidence of continued VGLI coverage.)

You are hereby notified that life insurance coverage under the Servicemember's Group Life Insurance Program (SGLI) will be **terminated** after 60 days unless you begin DIRECT PAYMENTS of the monthly premium. You may send payments to Office of Servicemembers' Group Life Insurance, 213 Washington Street, Newark, New Jersey 07102 (Telephone 201-802-7676). You should annotate your check with your social security number to ensure it is properly noted. If you do not make these payments your policy is automatically canceled and you will not be sent a separate notice of cancellation. It will be necessary for you to complete a new DD 8286 and resume payment upon your return to an active status if you wish to reenroll in the program.

4. I further understand that I am obligated to attend an annual Muster Day assembly. (Annual Muster Day assemblies are held for all Inactive ARNG personnel at the time of a regularly scheduled unit assembly. Attendance is mandatory by all Inactive ARNG personnel.)

(Branch of Service - Officer Personnel Only)

(Signature of Soldier / Date)

## Section III

### UNIT COMMANDER APPROVAL:

(Name, Rank, and Signature of Unit Commander / Date)

**A copy of this completed form will be given to the soldier.**

## Instructions for completing CAL ARNG Form 614-1E-R

Privacy Act Information: The information supplied is for Official Use Only. The information supplied is to facilitate the transfer of personnel to the Inactive Army National Guard. Failure to complete the form in its entirety, or to withhold information, may be cause to deny transfer to the Inactive Army National Guard.

### **Section I.** To be completed by authorized Unit Personnel.

**FROM:** Unit Name and address of the unit transferring the soldier

**THRU:** Senior organization through which this correspondence must pass. Leave blank if not applicable.

**TO:** For off E-mail DA Form 4187 through higher headquarters to OTAG. Facsimile transmission of DA Form 4187 is also acceptable. Unit will retain this form with unit's files.

For enlisted members use ATTN: CAMP-EPA BOX 7

**Name** - Self explanatory

**SSN** - Soc. Sec. Number

**Rank** - Self explanatory (Soldier must understand that Date of Rank will be adjusted when returning to active status. If soldier's current rank is SSG with 26 months of DOR, and the soldier spends 9 months in the ING, when the soldier returns from ING status to active status the soldier will still have 26 months of DOR, not 35 months.)

**UPC** - 5 digit unit code as assigned by DA      **PRN** - 3 digit unit code as assigned by State

**Telephone** - Unit telephone number that OTAG should call to facilitate prompt processing.

**Distribution Box #** - CA NG Box #

**EFFECTIVE DATE OF TRANSFER** - Must be a future date. Only authorized performance after this date is annual muster.

**EXPECTED DATE OF RETURN** - Date the soldier expects to resolve the change in status, for transfer back to active status.

### **Section II.** To be completed by the soldier. To ensure understanding by the Soldier, and confirm information for the unit.

**Home Mailing Address** - Accurate current address for muster or call to duty in the event of an emergency.

**Home Phone Number** - Accurate current telephone number for muster or call to duty in the event of an emergency.

**Work Phone Number** - Accurate current telephone number for muster or call to duty in the event of an emergency.

1. The soldier's personal reason for requesting transfer to the ING. Only reasons authorized by NGR 614-1 are acceptable.

a through g - Self explanatory. These are the most common reasons authorized by NGR 614-1 for transfer to the ING.

h - If reason for request is other than a through g, indicate the specific subparagraph in NGR 614-1 that applies.

2 - Self explanatory.

3c - Payment for SGLI conversion cannot be made by the ARNG.

4 - Self explanatory.

The form must be signed and dated by the soldier applying for transfer.

Officers will supply branch information for appropriate branch notification.

### **Section III.**

**Signature of Unit Commander** signifies approval for transfer.

**Retain this form at the Unit.**

**Copy furnished to the soldier.**

**Enclosures to be retained at Unit:** CAL ARNG Form 601-2, CAL ARNG Form 601-3, CAL ARNG Form 710-2R, and applicable letters/documentation supplied by soldier.

Use E-mail of DA Form 4187 as outlined in Personnel Policy Bulletin # 98-02 for processing transfers to the ING. Faxing of DA Form 4187 is acceptable.